



DEPARTMENT OF GENERAL SERVICES

ID REQUEST FORM

Name (Print) Last : _____ First : _____ MI: _____ Date Of Birth : _____

Agency / Employer : DHMH Last four numbers of Social Security Number : _____

Division / Office : _____ Office Phone #: _____

Security by Pass: ☐ Justification: _____

Granted: Yes: ☐ No: ☐

Temporary Employee: Yes X No ☐ Expiration Date: _____

To Be Completed By DGSP

Level: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Gym: Yes: ☐ No: ☐

Required Prox. Access:

Annapolis State House: ☐ Miller: ☐ Lowe: ☐ Legislative Services: ☐ Revenue: ☐ Data Center: ☐ Treasury: ☐

Shaw House ☐ Jeffery ☐ General Services: ☐ 45 Calvert: ☐ Archives: ☐ Court Of Appeals: ☐ Tawes C Pod Handicap Ent: ☐

Tawes Day Care: ☐ Tawes A Pod: ☐ Sweeney: ☐ 50 Community Place: ☐ 100 Community Place: ☐

Parking: Miller Garage: ☐ _____ Hunter Garage: ☐

Baltimore: 201 W. Preston St: ☐ 300 West Preston St.: ☐ 301 W. Preston St: ☐ 2100 Guilford: ☐ 201 St. Paul St: ☐

310 W. Saratoga St: ☐ 311 W. Saratoga St: ☐ 530 Hilton St: ☐ 511 Hilton St.: ☐ 6 St. Paul St ☐

500 Calvert St. Commissioners garage: ☐

Authorized to carry a firearm as a Maryland Law Enforcement Officer? Yes ☐ No ☐

State law, Code of Maryland Regulations, COMAR 04.05.01.03B says: "Except for official purposes and by authorized personnel, an individual on the property may not carry open or concealed firearms, explosives, incendiary devices, or dangerous or deadly weapons." Under COMAR 04.05.01.01A, "property means State public buildings, improvements, grounds, and multiservice centers under the jurisdiction of the Department of General Services."

Employee State ID card: ☐ New ☐ Damaged ☐ Lost ☐ Transfer ☐ Name Change ☐ Renewal ☐ Stolen

Replacement cost for any category of lost State ID card is \$50.00. **Replacement** cost of 2nd lost card is \$100.00 3rd lost \$250.00 **only Checks or money orders** will be accepted and should be payable to: **Dept. Of General Services. CASH WILL NOT BE ACCEPTED.** *A photo ID, such as a Maryland Driver's license, Maryland MVA identification card, Passport, or Current Military ID card must be shown to process this request.*

Applicant Signature: _____ Date: _____

(See agreement on reverse of form)

Dept. / Agency ID

Coordinator Signature: _____ Date: _____

For Office Use Only:

SCPC Coordinator Signature _____ Date: _____

Date of Request: _____ Card #: _____ Inv. # _____

☐ Agency Pay ☐ Check ☐ Money Order Amt: _____ Document #: _____

Misuse of the ID card will result in the confiscation of the card. See reverse→→→

STATE OF MARYLAND SECURITY CARD

I am responsible for the safe-keeping of my State of Maryland Security Card and will not allow another individual to use, copy, or in any manner reproduce this card. I also understand I must immediately report any lost, stolen, confiscated or destroyed State of Maryland Security Card to my employer, who will then notify the Department of General Services Police.

I acknowledge if I am granted electronic access privileges (prox) to Maryland State facilities, I am not to allow any others to use my card to enter or exit a facility on my prox privileges.

I acknowledge I must prominently display my State of Maryland Security Card to Department of General Services Police staff upon entering Maryland State facilities and I am required to display the security card on my outer garment between the waist and neck line. I shall surrender my State of Maryland Security Card to the Department of General Service Police if requested.

I acknowledge my State of Maryland Security Card is the property of the State of Maryland, and I agree to return my State of Maryland Security Card to my employer upon the request of my employer, or upon termination of, retirement from, or change in employment status with the State of Maryland.